



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Admission, Discharge and Transfer (ADT) Pilot Training

Identifying hospitalizations/ ER visits

Understanding a framework of how to better utilize a

Reporting system framework

What is the Presenting Problem?



- Individuals end up in the hospital/ER
 - Inadequate or ineffective supports and
 - Lack of careful discharge planning to address support issues may not be happening

What is the Basis of ADT



- Agreement between Missouri Hospital Association (MHA), DMH, and Health Industry Data Institute (HIDI)
- Real-time access to Admissions, Discharge, and Transfer information (plus additional information) for member hospitals (currently ~100 with more being added every day)

ADT pilot creates a Systems Approach

- Hypothesis
 - If a system was created to address hospital/ER stays/visits that was **FASTER** and more **EFFECTIVE** would this result in less frequent hospital/ER stays/visits?

Develop and refine current problem solving skills for team members



- Service Coordinator Supervisor
- Service Coordinator
- Provider and Direct Support Staff
- Hospital admission/discharge planning team

What is being provided:

Real Time Information



Defined Structure for the Process



User Guide to Discharge Planning



Help on Admission vice after Discharge



Identified Pilot Population



1. State Support Coordinator
2. Waiver (limits of data sharing agreement)
3. ≤ 1500 people (contract specification)
4. Representative sample (to the extent possible)
5. Individuals with medical risk
6. Individuals with behavioral risk
7. Part of the “General” residential population

Identified Pilot Population

Facility Name	Risk Level	n
Central Missouri Regional Office	Low Risk	41
Central Missouri Regional Office	Moderate Risk	47
Central Missouri Regional Office	High Risk	31
Kansas City Regional Office	Low Risk	138
Kansas City Regional Office	Moderate Risk	32
Kansas City Regional Office	High Risk	18
Poplar Bluff Regional Office	Low Risk	49
Poplar Bluff Regional Office	Moderate Risk	24
Poplar Bluff Regional Office	High Risk	14
Sikeston Regional Office	Low Risk	6
Sikeston Regional Office	Moderate Risk	1
St Louis Regional Office	Low Risk	720
St Louis Regional Office	Moderate Risk	250
St Louis Regional Office	High Risk	98



Collective Medical Platform

collectivemedical
A PointClickCare Company

Search for someone...

Cohorts

0 Selected | Thu 4:38AM - Now | Sorted By: Count

> ED Visits	Events 4	Change ↑300%	Activity	
> ED Discharges	Events 2	Change ↑100%	Activity	
> Inpatient Admissions	Events 2	Change ↑100%	Activity	
> Inpatient Discharges	Events 1	Change 0%	Activity	

- Cohorts
- Census
- Scheduled Reports
- Groups
- Notifications
- Manage Facility >
- HIDI - Missouri Hospital Association - DMH - Expansion of At-Risk Lives
- Help
- Support

Collective Medical Platform

Search for someone...

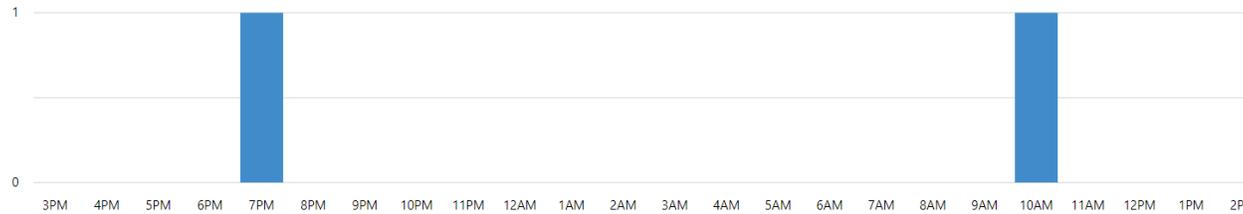
Cohorts

0 Selected | Thu 3:44PM - Now | Sorted By: Count

> ED Discharges Events 3 Change ↑50% Activity

> Inpatient Discharges Events 2 Change ↑100% Activity

> ED Visits Events 2 Change ↓50%



Patient Information

Showing 1-2 entries of 2

ID	Name	Gender	Age	Admit Time	Discharge Time	Location
<input type="text"/>	<input type="text"/>	FEMALE	26	Oct 01, 2021 12:21 PM	None	<input type="text"/>
<input type="text"/>	<input type="text"/>	MALE	19	Sep 30, 2021 6:56 PM	None	<input type="text"/>

10 RESULTS PER PAGE

« « 1 » »

> Inpatient Admissions Events 1 Change ↓50% Activity

- Cohorts
- Census
- Scheduled Reports
- Groups
- Notifications
- Manage Facility
- HIDI - Missouri Hospital Association - DMH - Expansion of At-Risk Lives
- Help
- Support

Collective Medical Platform



Patient Overview NEW Patient Overview CLASSIC

[Redacted] View More CCD Download PDF [Edit]

Address [Redacted] View More Phone [Redacted] View More DOB [Redacted]/1995 (26) View More ID [Redacted] View More Gender Female

Tags + DMH - Expansion of At-Risk Lives ×

Care Team

Care Team 0 showing all - 2 years + Add Provider

Encounter History Encounter Trends

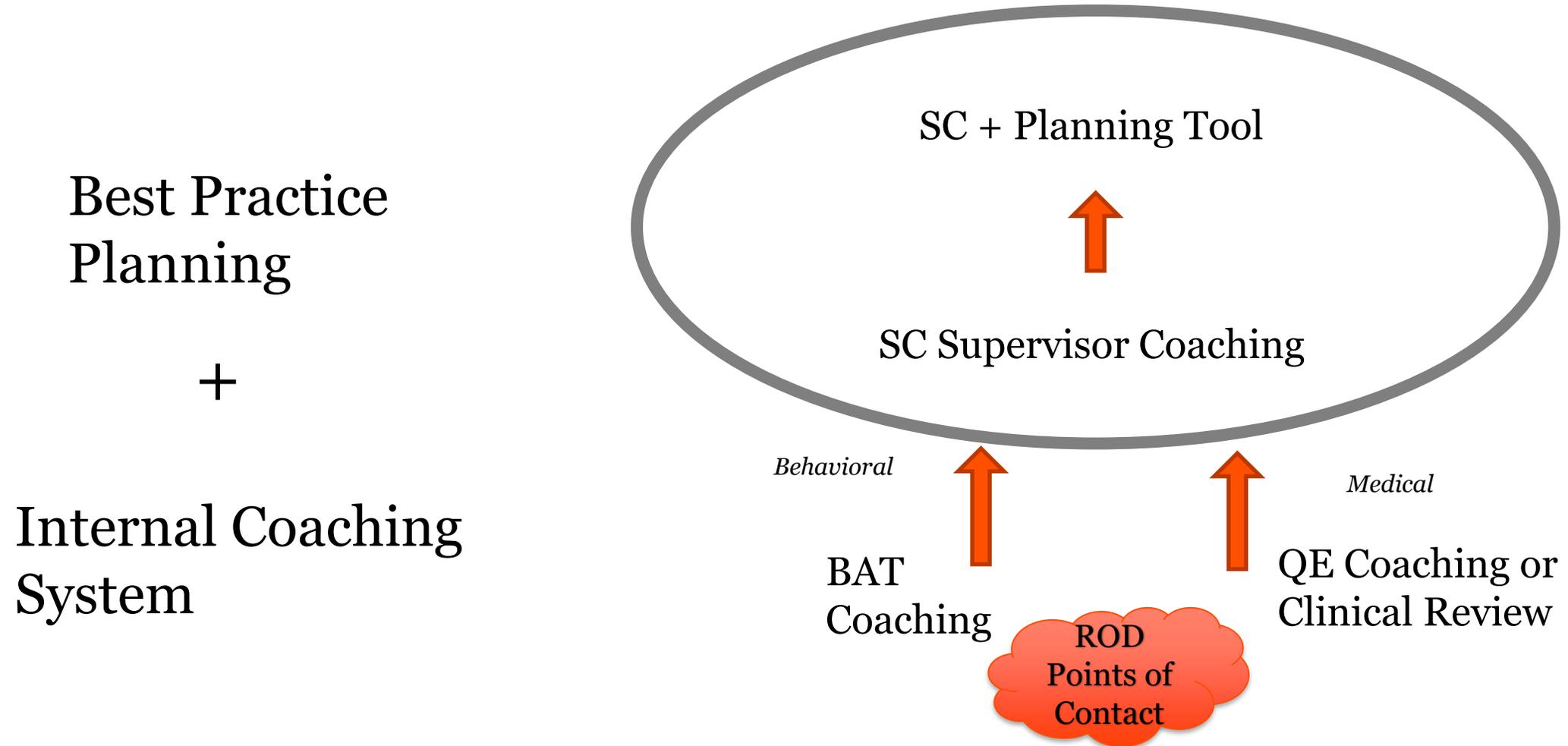
Individual Encounters Showing 5 Total Encounters for Selected Timeframe

0 Selected Previous 3 Months Date & Time [Filter] [Share] [Search]

ED Count 2

Date & Time	Location	Type	Major Type	Chief Complaint & Diagnosis
10/01/2021 @ 11:21am	[Redacted]	Emergency	Emergency	Diagnosis: <ul style="list-style-type: none">Vomiting
09/22/2021 @ 12:00am	[Redacted]	Psychiatry	Outpatient	Chief Complaint: PA

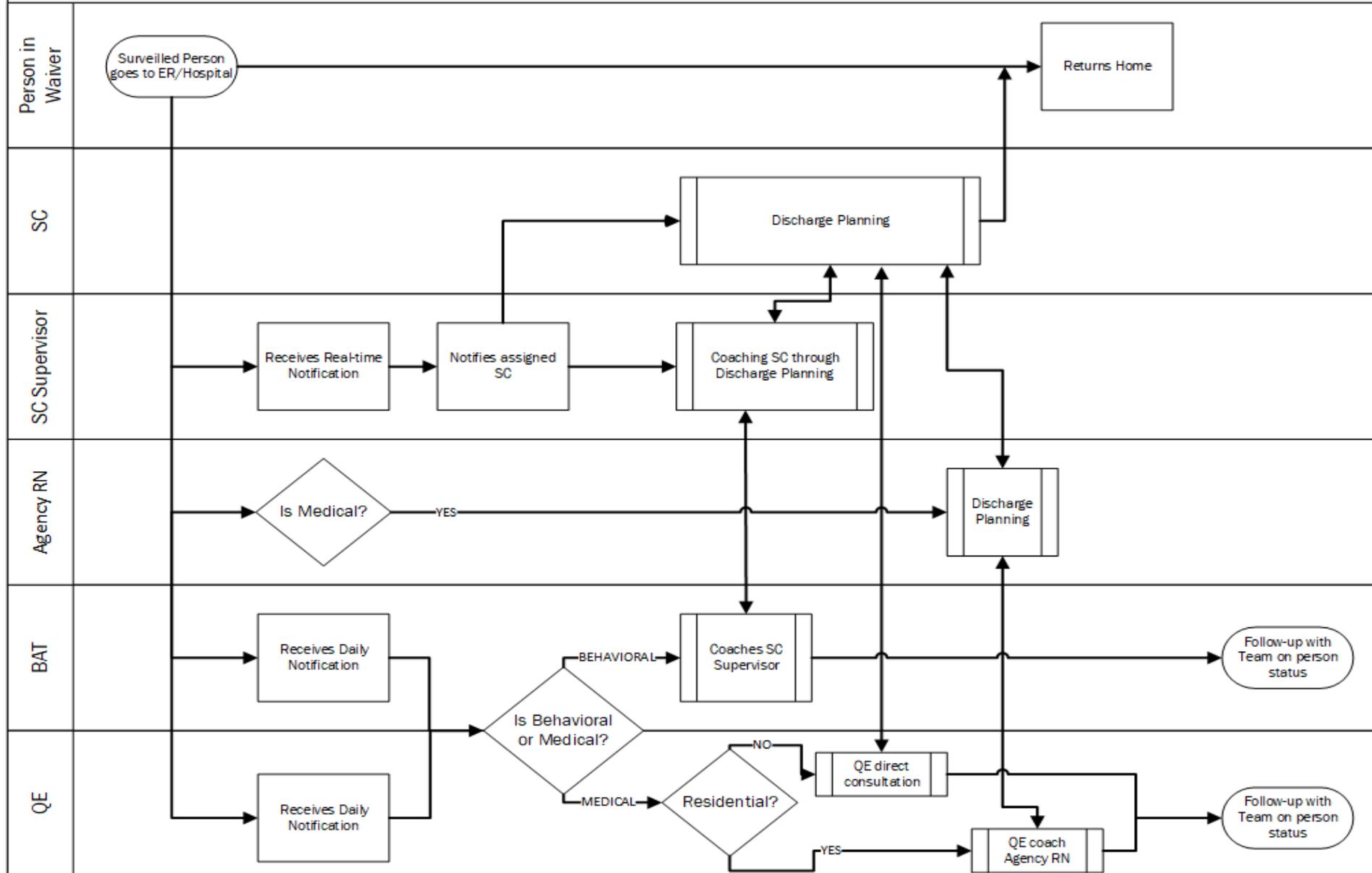
General Pilot Process



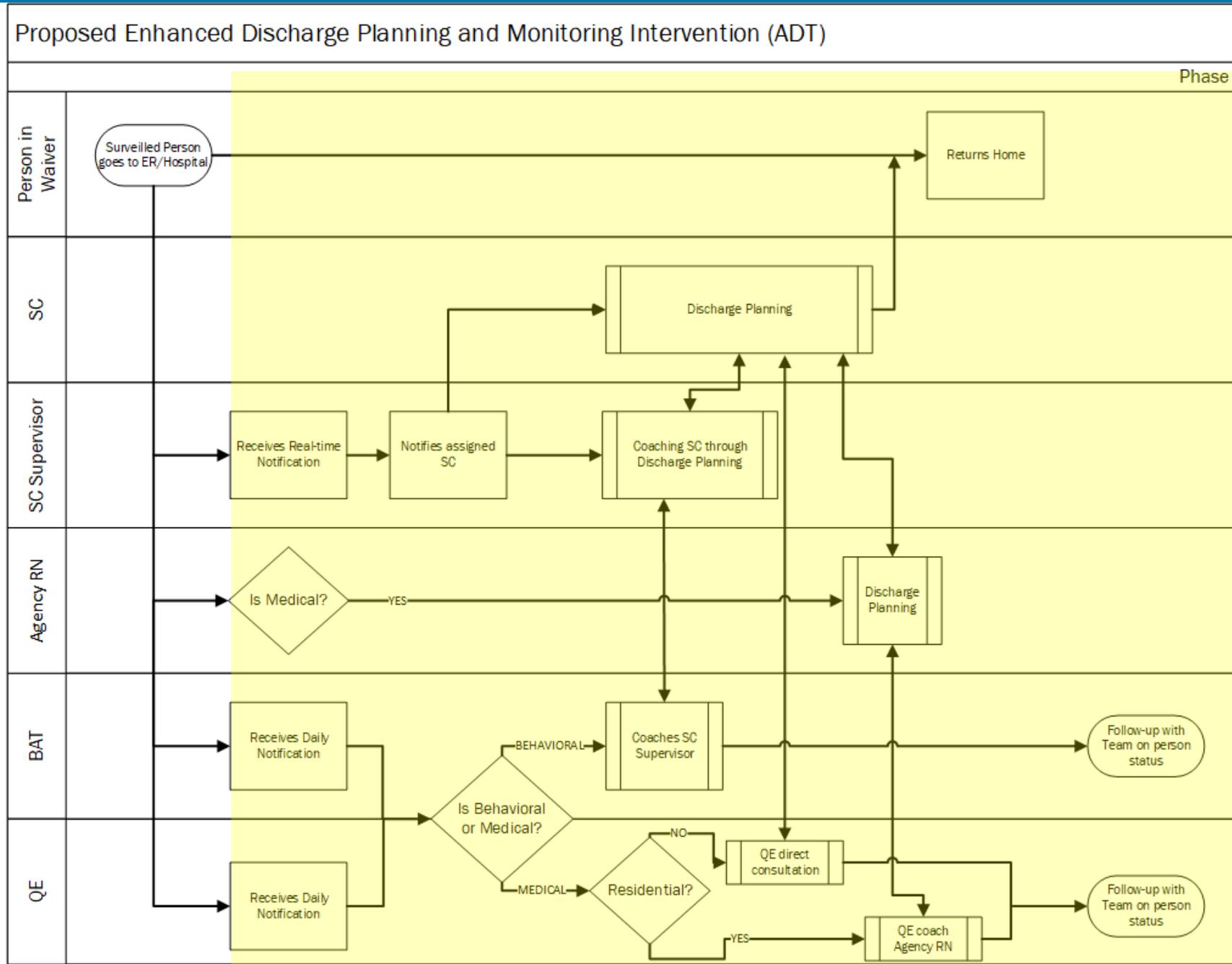


Proposed Enhanced Discharge Planning and Monitoring Intervention (ADT)

Phase



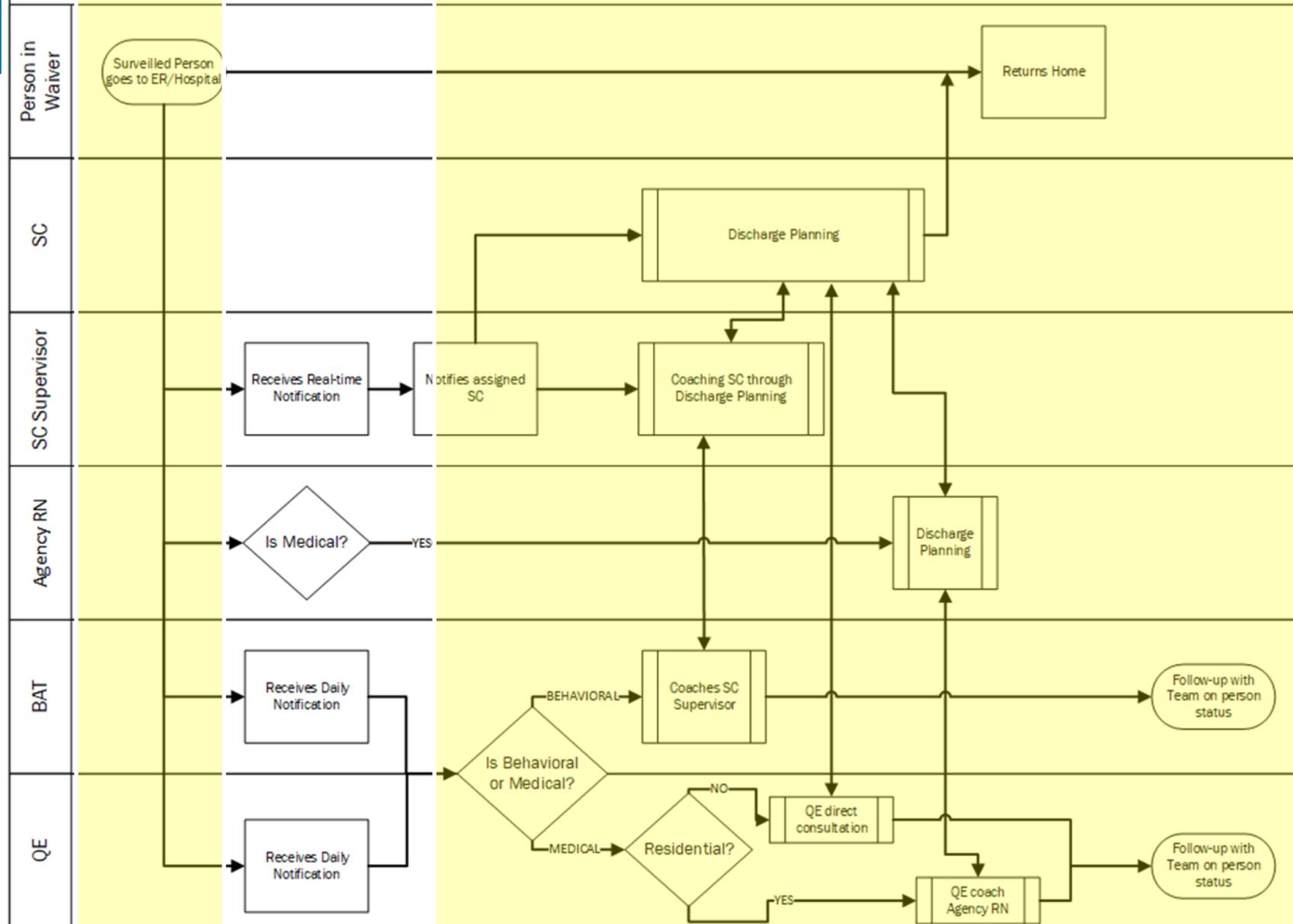
What is the structure of the ADT model?



Step 1
Individual enters the Hospital/ER

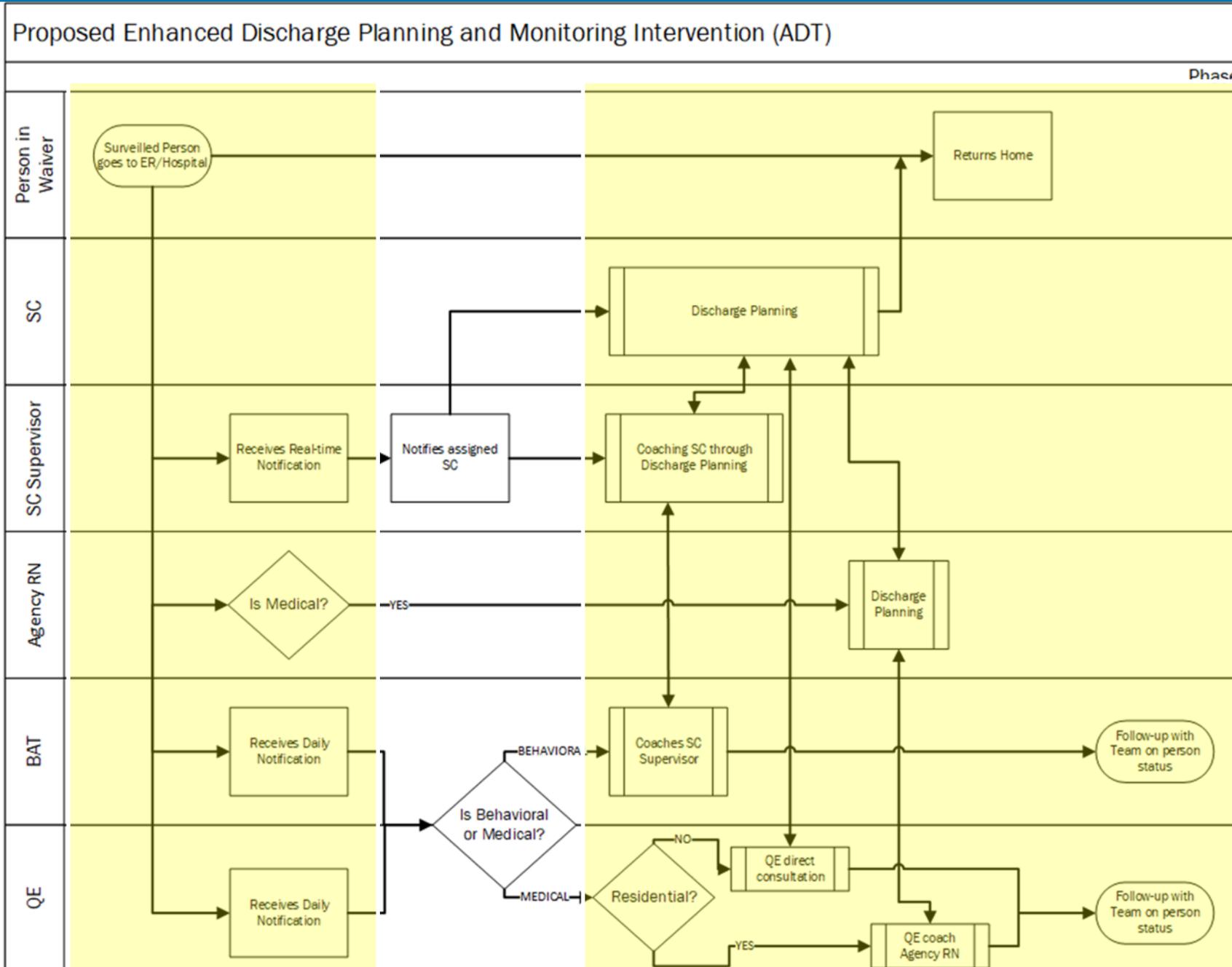
Proposed Enhanced Discharge Planning and Monitoring Intervention (ADT)

Phase



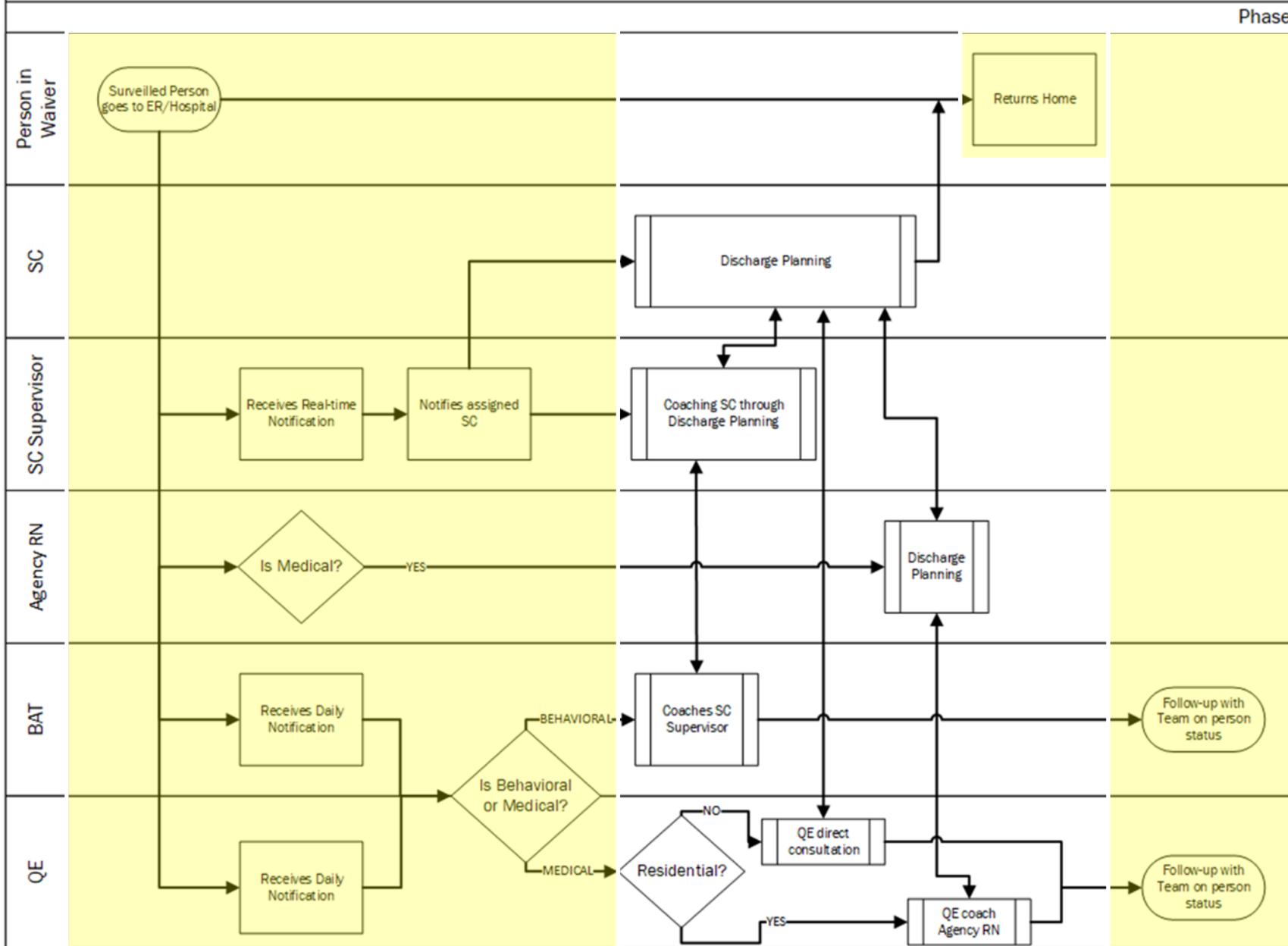
Step 2

Notification and action initiation



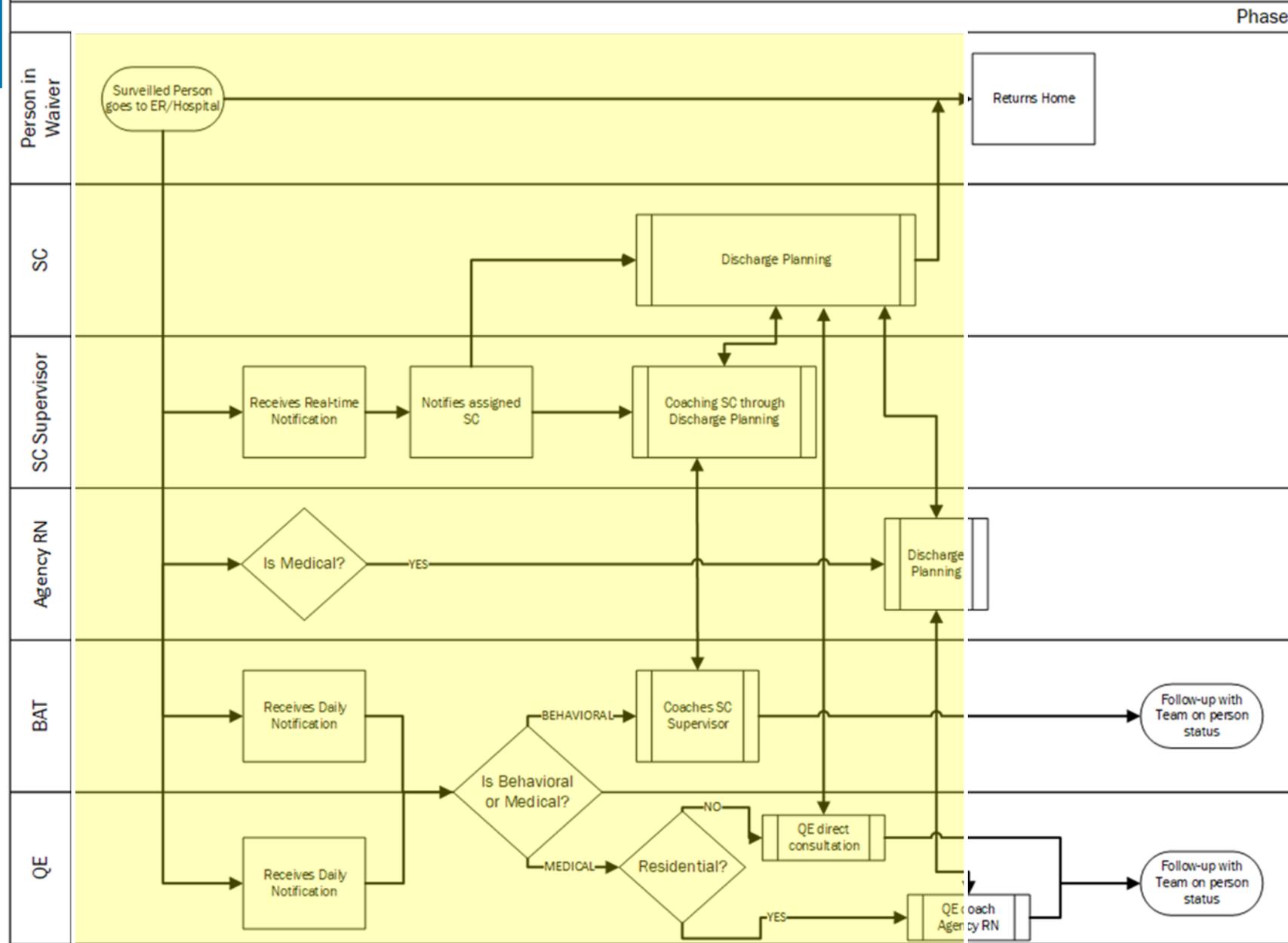
Step 3
Additional notification and determination of behavioral or medical interventions needed

Proposed Enhanced Discharge Planning and Monitoring Intervention (ADT)



Step 4
Discharge
planning
begins
with entire
team
involved

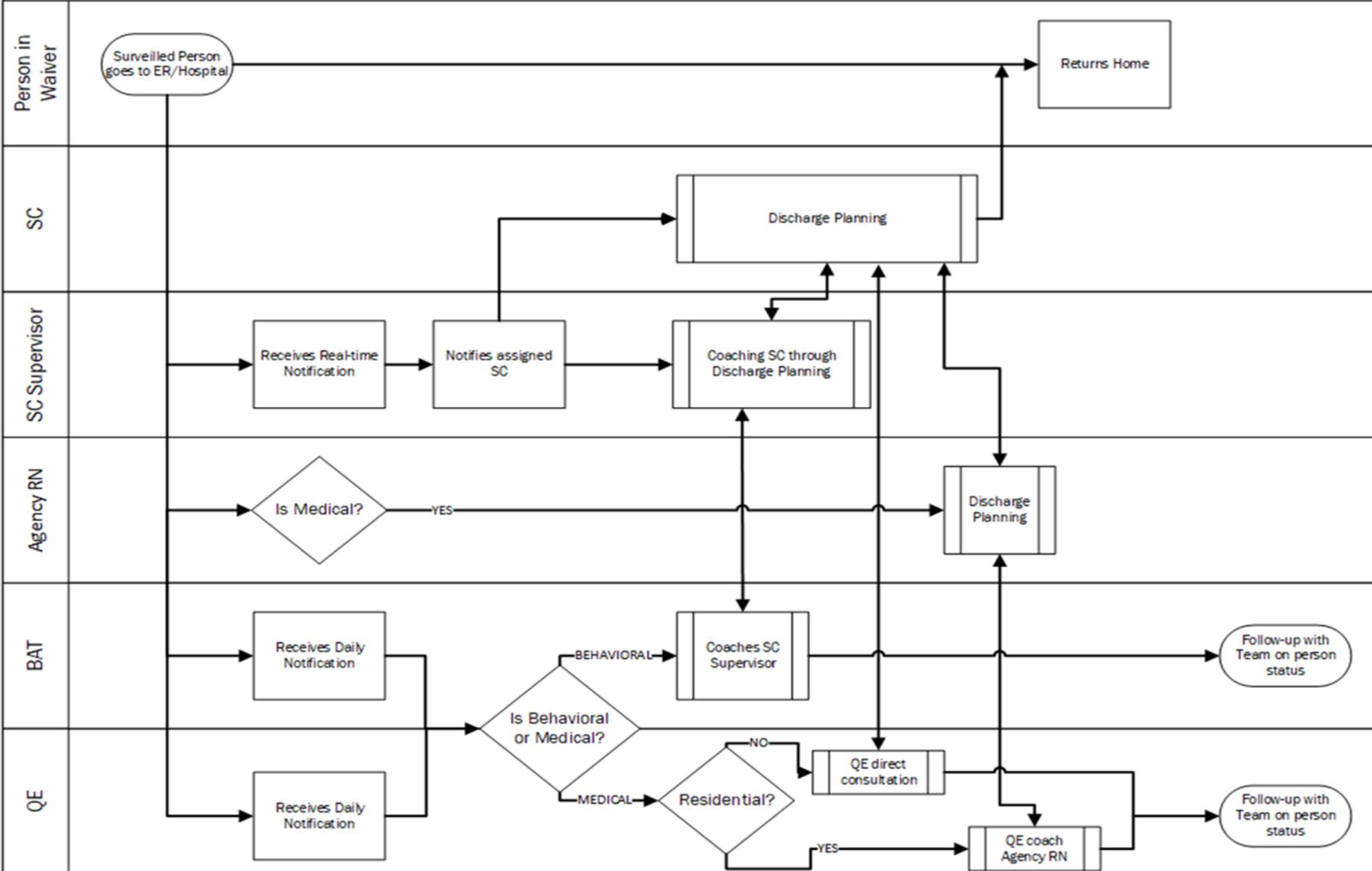
Proposed Enhanced Discharge Planning and Monitoring Intervention (ADT)



Step 5
Discharge completed,
with supports in place

Proposed Enhanced Discharge Planning and Monitoring Intervention (ADT)

Phase



Bringing the whole structure back together and reviewing what it means....

Planning Guide



Looking at
the situation
from a Novel
Perspective

ADT Pilot Planning Form



ADT Pilot Planning Form

Name:

DMH ID:

Admission Date:

Identifying the Problem:

If Howard or Raj (BBT) came and observed this situation and the situations that lead up to today.

What would they see....

The individual doing that lead to the hospital/ER visit?

The provider staff doing to prevent the hospital/ER visit?

The Support Coordinator doing to prevent the hospital/ER visit?

What would the hospital team tell them that needs to happen to help the individual?

These are the problems to be solved

Identifying the problem

If Howard or Raj - from The Big Bang Theory - came to observe this situation and the situations that lead up to today.

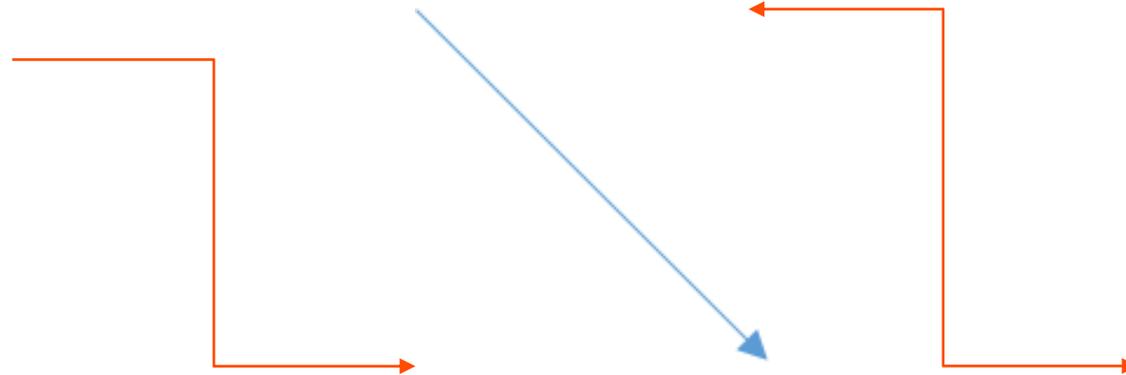
- What would they see...
 - The individual doing that lead to the hospital/ER visit?
 - The provider staff doing to prevent the visit?
 - The Support Coordinator doing to prevent the visit?
- What would the hospital team tell the Howard and Raj that needs to happen to help the individual?
- These are the problems to be solved.

Goal to work toward



- If all the problems to be solved just evaporated away, what would Howard and Raj see about the team's life?
 - What would the individual's life look like?
 - What would the provider staff's lives look like?
 - What would the Support Coordinator's life look like?
 - This is the goal the team is working toward.

Planning



Planning to solve problem



- Now, considering what is currently happening:
 - What skill is missing from the individual's life that would move the individual toward their goal and probably could have prevented the visit?
- Is this skill currently being taught? Y/N
 - If it **isn't** being taught-
 - Who will teach this skill?
 - How will you know when the person has learned it?
- If it **is** being taught-
 - Can the individual independently or can they do the skill with support?
 - What changes are necessary for teaching strategies?

Planning to solve problem

- Does what Howard and Raj see provider staffing doing to prevent the visit match the ISP and implementation plan?
- If it **doesn't** match
 - What steps will be taken to ensure strategies are implemented as intended?
 - Are additional resources needed to implement?
 - How will team get additional resources?
- If it **does** match
 - What changes will be made to strategies based on this experience?
 - Who will be responsible for making these changes?

Planning to solve problem

- Thinking about what Howard and Raj see now in the current situation and what they would see if all issues evaporated away, what additional supports are needed (if any) to move the team toward their ideal life?
- Will another service be needed?
 - If so, then need to find provider and make emergency Utilization Review request
 - If not, who will be responsible for implementing new supports
- What are action steps that must happen based on the above considerations?
 - What specifically needs to happen?
 - Who will do the action?
 - When will it be completed?
 - When will SC follow-up on any action steps?
 - Amend the ISP to reflect changes

What is the length of the pilot?

- 6-month window for pilot on activation
 - Strong probability to continue and expand
- Communication Expectation
 - Frequent Town Halls and Feedback will be provided
 - Every 2-3 weeks



Let's Practice – Group 1

ARE YOU SIGNED UP FOR A WORKSHOP?

<https://www.signupgenius.com/go/20fof4cadaf22aof58-adtfocused>

There are 2 options to attend a workshop.

10.25.2021 from 11:00 - 12:00

Click Hyperlink to join [Join meeting](#)

11.1.2021 from 9:00-10:00

Click Hyperlink to join [Join meeting](#)

What questions do you have?

